



autism spectrum  
AUSTRALIA

**Forensic Implications of Autism Spectrum Disorder:  
Identifying and Understanding Individuals with Autism  
Spectrum Disorder within the Legal System.**

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# Presentation Outline

- Characteristics of autism spectrum disorder (ASD) that may contribute to offending behaviour.
- Possible behavioural profile of ASD offenders.
- Supporting individuals with ASD within the legal system: identification and management strategies.

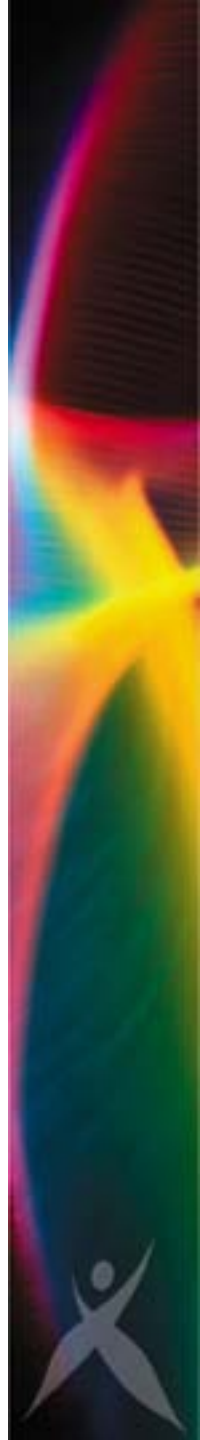


## Research Findings

- Results of studies examining the rate of offending behaviour in individuals with ASD have been mixed. Some studies based on forensic samples have found higher rates of offending behaviour.
- For example, Hare et al. (1999) reviewed inmates in 3 English forensic hospitals and found that prevalence rate for ASD to be higher than that in the general population. (Note: Only 10% of those identified had a previous diagnosis). Anckarsater et. al (2008) found prevalence rates across three forensic settings in Sweden to be 3% for AD and Asp. D and 10% for Atypical.



- However, other community based studies have found lower rates of offending behaviour in individuals with an ASD (Ghazziudin et al., 1991; Woodbury-Smith et al., 2006).
- Rate of comorbidity in offenders with ASD is high, includes ADHD, mood disturbance, anxiety disorders, depression, Tic disorders (Anckarsater et al, 2007; Newman & Ghazuiddin 2008).



# Discussion

What characteristics of ASD might be related to offending behaviour?



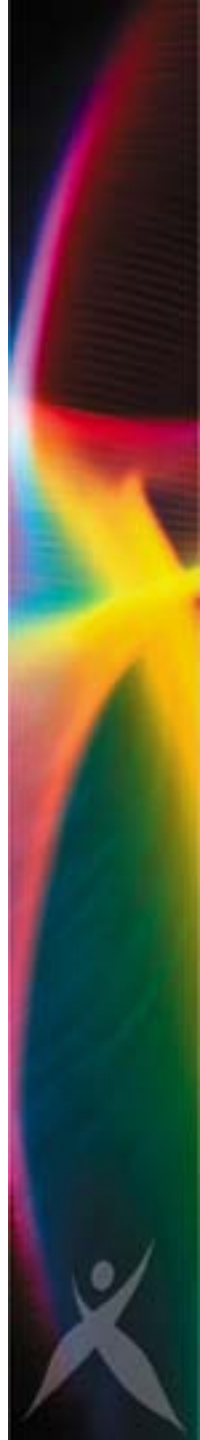
# Characteristics of ASD Relevant to Criminal Actions

Characteristics of ASD commonly associated with offending behaviour can be divided into two broad domains:

1. Underlying Psychological Deficits

and

2. Abnormal, Repetitive or Narrow Interests



# 1. Underlying Psychological Deficits

- Poor perspective taking skills, e.g. ability to infer what others are thinking, their beliefs, desires, feelings.
- Rigid cognitive style
- Limited awareness of 'social rules' and difficulty reading social cues.
- Executive functioning deficits, e.g. inhibiting impulsivity, regulating emotional responses, inflexible responding.



# Forensic Implications of Psychological Deficits

- May be genuinely unaware of the harm they have caused their victim. Therefore, no expression of remorse or empathy.
- May not be able to read the necessary interpersonal cues telling them to disengage from a social encounter.
- May not be able to predict the impact of their actions on others.

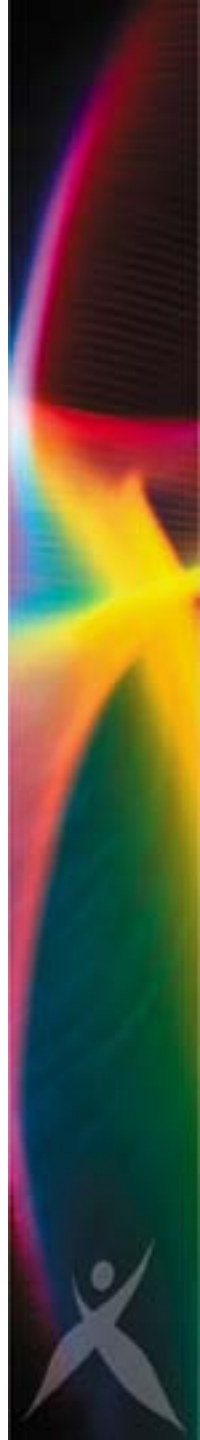


- Emotional regulation deficit can lead to difficulties with anger and/or anxiety management, resulting in aggressive behaviour and/or panic reactions.
- Increased likelihood of impulsive responding in threatening situations.
- Difficulty thinking through the legal consequences of their actions.



# Examples of How Psychological Deficits Can Underlie Offending Behaviour

- A man charged with assault after punching a bus traveller who would not get out of his seat for a woman.
- A man charged with harassment after repeatedly phoning a young woman despite her requests for him to stop.



## 2. Restricted and Repetitive Interests

- Strong interests in certain topics.
- Inflexible adherence to routines or rituals.
- Sensory-processing difficulties – may engage in sensory seeking behaviours or sensory avoidance.



# Forensic Implications of Restricted and Repetitive Interests

- May break laws in pursuit of a special interest or obsessions.
- May react aggressively to avoid, or remove themselves, from distressing sensory stimuli.
- May persist with routinised or ritualised behaviour, even when legal boundaries may be breached.



# Examples of How Restricted and Repetitive Interests Can Underlie Offending Behaviour

- A man fixated on transport arrested for driving trains and buses and flagging traffic around construction sites.
- Stalking cases including following and touching people, kidnapping, harassing and threatening behaviour following “obsessional” interest in a particular person.
- Individuals with fixations around fire involved in arson.



# Characteristics that may warrant an assessment for possible ASD

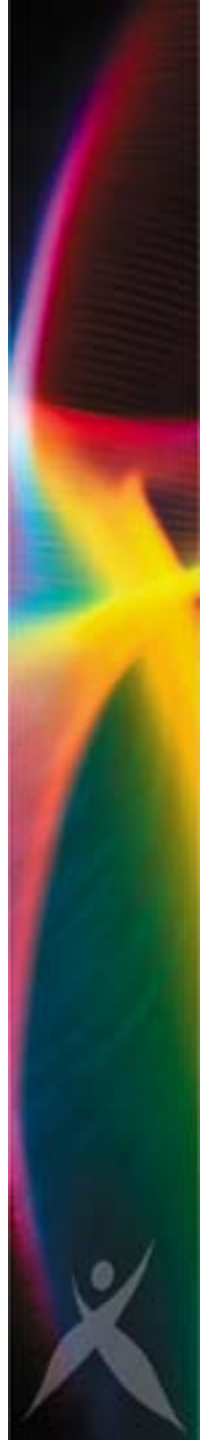
- Eye contact – does the person make direct eye contact with you when talking with you?
- Facial expression – does the person exhibit a range of facial expressions, including subtle expressions, that are directed to you to communicate affect? Are they appropriate to the situation/subject matter? Any inappropriate laughing/smiling?
- Use of gesture – does the person use communicative gesture e.g. nodding and shaking his head, shrugging shoulders, descriptive gestures when speaking



- Understanding of emotions of self and others – can the person talk about their own emotions or emotions of others?
- Understanding of relationships – is the person able to demonstrate an understanding of the nature of common social relationships such as friendship, marriage?
- Overall quality of rapport developed – are you able to interact comfortably with the person in a way that is appropriate to the context?



- Conversational skills – can the person converse about a range of everyday topics? When answering questions do they elaborate on their responses for your benefit? Do they respond to comments in a way that shows some interest in what you have just introduced? Do they understand humour? Any evidence of overly literal interpretation?
- Unusual speech/voice features – does he/she speak with appropriate pitch, tone, inflection, rate? Are there any repetitive or unusual speech patterns?



- Unusual interests – does the person have a range of age-appropriate interests? Is there any evidence of odd or unusually intense interests e.g. repeated references to a particular topic or unusual level of detailed knowledge in a narrow area.
- Compulsive/Ritualised behaviours – any behaviours with a compulsive quality.



# Looking “behind the crime” for indicators of possible ASD

When ASD is suspected, it can sometimes be helpful to examine elements of the crime e.g.,

- motivation behind the offence
- the circumstances of the crime
- individuals’ behaviour during and immediately after the commission of the crime.



Offences often due to:

- a strong interest or fixation
- panic reaction to some environmental factor
- lack of common sense

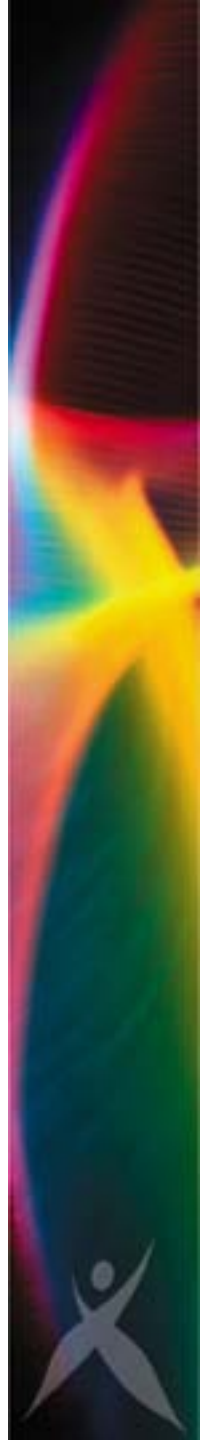


According to Howlin (1997) “run-ins” with the legal system by individuals with ASD are unlikely to be related to malicious or unscrupulous motives.

People with ASD may not demonstrate feelings of guilt or shame, may not try to conceal or excuse their behaviour, often describe events with “shocking” openness (*Frith, 1991*)

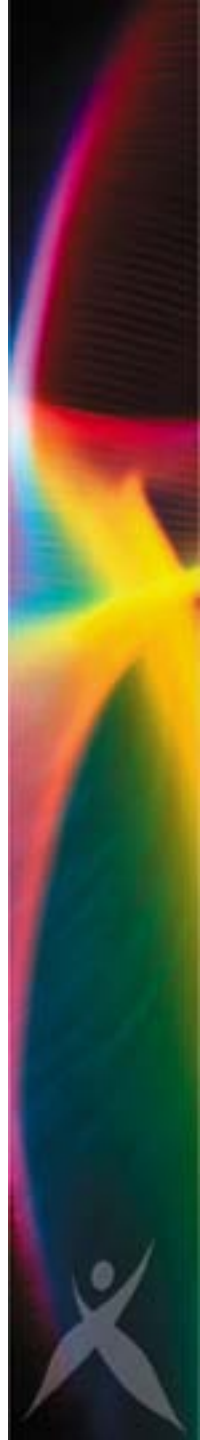


<b>Typical offender profile</b>	<b>Possible ASD offender profile</b>
<p data-bbox="73 254 710 354">Often long history of drug and alcohol abuse</p> <p data-bbox="73 448 730 548">Long history of criminal activity with a pattern of escalation</p> <p data-bbox="73 642 815 742">Often make repeated denials, may express shame or remorse</p> <p data-bbox="73 836 815 993">Awareness of legal consequences, may make efforts to avoid detection or to defer blame.</p>	<p data-bbox="861 254 1626 354">Often no history of drug and alcohol abuse</p> <p data-bbox="861 448 1491 491">Minimal or no criminal history</p> <p data-bbox="861 651 1619 751">May be quick to confess, show little guilt or remorse</p> <p data-bbox="861 845 1646 1002">Social naivety, little understanding of implications and repercussions of their behaviour</p>



# Assessment of Adults with Suspected ASD

- Can be difficult to accurately diagnose ASD in adulthood, particularly for those with normal intelligence and/or reasonable language skills.
- Several studies of forensic samples have found low rates of accurate diagnosis and frequent misdiagnosis (most common being schizophrenia and personality disorders) (e.g., Hare et al., 2004; Siponmaa et al., 2001; Scragg & Shah, 1994).



# Assessment – General Points

- Best practice:
  - Comprehensive assessment using multiple assessment tools.
  - Information from multiple sources.
  - Assessment conducted by a Psychiatrist or Clinical Psychologist with expertise in diagnosing ASD in adults.
  - Clinical judgment and diagnostic conclusions based on DSM-IV-TR criteria.



# Supporting Individuals with ASD within the Legal System

- If an ASD is suspected, the individual should be assessed to:
  - a) Confirm the diagnosis.
  - b) Determine the degree to which the diagnosis is related to the offence.
  - c) Obtain recommendations for sentencing and/or treatment to reduce likelihood of re-offending.



However, it is important to remember that:

*“Every case should be considered on its own merit while taking into account the type of crime, its severity and its direct connection to the disabilities caused by the disorder.” (Katz, 2006)*



# Considerations

- What were the circumstances/motivations underlying the offence?
- What programs could reduce the likelihood of re-offending?
- Does the person understand legal concepts and court processes?
- If the person is sentenced, what are the implications of their diagnosis on their safety and support needs while incarcerated?



# Preparing for Court

- Written or pictorial information (e.g. social story) outlining the whole session.
- Dissemination of information about ASD to court officials.
- Arrange a visit beforehand if possible.
- Arrange a family member / mentor to provide support.
- Detailed explanation of communicative contexts e.g. who speaks, why, defendant's role.



- Establish rules (e.g. only speak when asked a question directly, can't move out of seat until excused).
- Prepare the Court (e.g. rocking or ear covering may be calming mechanism; limited eye contact does not signify guilt or not listening).



# Conduct of the Court

- Few people.
- Closed session.
- Family member/mentor present.
- Simplified language (clear language - avoid idioms, sarcasm, ambiguity).
- Accompany facial expressions and gestures with verbal information.
- Reduce sensory overload if possible (e.g. bright lights, noise, movement).



- Regular breaks and avoid changing routine.
- Ask for information directly (person with autism spectrum disorder won't know what you are thinking; they may expect you to know what they are thinking).
- Allow extra time to process and respond.
- Minimise waiting times.



# Treatment Options

Depending on the individual profile and the nature of the offence some of the following treatment options may be appropriate:

- Explicit social skills training including:
  - Social rules and conventions.
  - Acceptable versus prohibited behaviour.
  - Perspective-taking.
  - Social-communication skills.
  - Use and understanding of non-verbal communication.



- Anxiety management using cognitive-behavioural techniques.
- Pharmacological intervention in the case of mood disorders.



# Factors Related to Recidivism

- Family and environmental factors interact with core impairments to lead to increased co-morbidity and increased risk for behaviour/conduct problems (Brereton et al., 2006).
- Obsessive cognitive style, poor social skills and family dysfunction predict recidivism (Kennedy et al., 2006).



# Autism Support Professional

Recommendation:

An Autism Support Professional to assist each step of the process:

- accurate assessment and diagnosis
- pre-sentence reports
- support during the court process
- interventions to reduce recidivism



## Main Points:

- People with ASD may be at higher risk of offending behaviour, particularly when there are co-morbidities.
- Once ASD is confirmed, any offending behaviour should be considered in light of the person's autism.
- In many cases, targeting specific deficits associated with ASD will be helpful in reducing recidivism.
- People with ASD will benefit from specific supports and management within the legal system



# Autism Spectrum Australia (Aspect)

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